

**COVER PAGE**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
DOE JOHN Y.

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

YOUR PRIMARY AGENCY / EMPLOYER HERE

Division, Board, Department, District, if applicable

Your Position

\*

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: SANTA MONICA BAY RESTORATION COMMISSION

Position: GOVERNING BOARD MEMBER (ON ALTERNATE)

**2. Jurisdiction of Office (Check at least one box)**

☒ State (AT LEAST THIS BOX. YOUR PRIMARY ENTITY MAY BE ANOTHER OPTION AS WELL)  
☐ Multi-County  
☐ City of

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ County of

☐ Other

**3. Type of Statement (Check at least one box)**

☒ Annual: The period covered is January 1, 2013, through December 31, 2013.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2013.

☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)

☐ The period covered is January 1, 2013, through the date of leaving office.

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Candidate: Election year \_\_\_\_ and office sought, if different than Part 1: \_\_\_\_

**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: 1 (AT LEAST)

☐ Schedule A-1 - Investments - schedule attached  
☐ Schedule A-2 - Investments - schedule attached  
☐ Schedule B - Real Property - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached  
☐ Schedule D - Income - Gifts - schedule attached  
☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

☒ None - No reportable interests on any schedule IF NO SCHEDULES

**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)

YOUR PRIMARY AGENCY / EMPLOYER ADDRESS HERE

DAYTIME TELEPHONE NUMBER

E-MAIL ADDRESS (OPTIONAL)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed PLEASE DATE!  
(month, day, year)

Signature WET INK / SIGNATURE REQ'D.  
(File the originally signed statement with your filing official.)

FILL OUT BEFORE APRIL 1st!

FPPC Form 700 (2013/2014)  
FPPC Advice Email: advice@fppc.ca.gov  
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov  
IF ALREADY SENT TO FPPC, WE JUST NEED A PDF COPY.